Contt. 21-67—100,000—25-6-68

C&P II (1950) Department.

MS SERIES.

G.O. No. 353 PH

Dated 28 11 1952

[Despatch Abstract.]

Medical Examinations
Provision of Centres. Opening
of the Centres in places served
by Rural dispensaries and
absorption of Rural Medical
practitioners in Govt. Service

GOVERNMENT OF MADRAS.
ABSTRACT.

Medical Institutions - Primary Centres - Opening of the Centres in places served by Rural dispensaries and absorption of Rural Medical Practitioners in Government Service - Orders passed.

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Education and Public Health Department.

G.O.Ms.No.353. Dated 28th January, 1950.
Read the following:-

From the Surgeon-General No.10439/A-1-PW/49 dated 24th Nov.1949.

O R D E R:

In G.O.No.4245 Public Health dated 30th November, 1949 the Government have ordered that steps should be taken to open and maintain the Primary centres sanctioned in G.O.No.2390 P.H. dated 12.7.1948. There are rural dispensaries in the following villages selected for the opening of Primary centres during 1948-49:-

NORTH ARCOT DISTRICT:

1. Kilpennathur.
2. Vettavalem.

COIMBATORE DISTRICT:

3. Kodumudi.
4. Kunnathur.
5. Chithode.
6. Sivagiri.
7. Ganapathipalayam.

MALABAR DISTRICT:

8. Koduvayur.
9. Elapulli
10. Kongod.

GUNTUR DISTRICT:

11. Emani.
12. Chebrolu.
13. Kollipara.

2. The following questions arise in connection with the opening of Primary Centres in places already served by Rural Dispensaries:

(1) Whether the existing Rural Dispensary may be left to function, the Primary Centre being shifted elsewhere or not opened at all;

(2) Whether the Rural Medical Practitioner, in case a Primary Centre is opened, should be absorbed in Government service; and

(3) whether the rural dispensary may be transferred to another locality with the practitioner and not closed down.

3. After a careful consideration, the Government have decided that, a primary centre being an institution of a higher grade than a rural dispensary, the opening of the former need not be debarred in a place served by the latter and that each case of opening a Primary centre in a place where a rural dispensary is functioning

should be considered on merits and dealt with on the following lines, by the Surgeon-General and the Director of Public Health in consultation with the local body concerned:-

(1) If the rural dispensary has not been functioning well owing to any reason, it may be discontinued and a Primary Centre started in its place. In that case, the Local Body concerned should terminate the agreement entered into with the Rural Medical Practitioner.

(2) If the rural dispensary has been functioning well under a popular Rural Medical practitioner, it need not ordinarilly be disturbed and the primary centre need not be opened. If, however, it is considered definitely desirable and necessary to open a primary centre in that place, then there is no objection ~~to open a primary centre in that~~ to the conversion of the rural dispensary into a primary centre, provided the Rural Medical practitioner who has been responsible for the successful working of the dispensary can also be taken in Government service. Where, ~~if~~ in such a case, the Rural Medical Practitioner is unwilling to be absorbed in Government service, the rural dispensary should be transferred to some other suitable place, if the local body concerned and the Surgeon-General are agreeable to such transfer, and if the Rural Medical Practitioner is prepared to move, along with the dispensary.

(3) If a rural dispensary is located in a building owned by the Rural Medical Practitioner and if the Rural Medical practitioner is willing to hand over the building to Government free of cost for locating a Primary Centre, the building may be taken over by Government and the Rural Medical Practitioner may be absorbed in Government Service, if he is so willing and if he is suitably qualified.

(4) In filling the posts of medical officers in Primary Centre the order of preference indicated ~~xx~~ in para 2 of G.O.No.4462 Public Health, dated 18.12.1949 should be ~~xx~~ observed.

(5) When a Primary Centre is opened in the place of rural dispensary of indigenous medicine, with an 'A' class medical practitioner, this practitioner may be taken into Government service provided there is no qualified medical practitioner available in the order of preference indicated in ~~xxxxxx~~ paragraph 2 of G.O. No.4462 Public Health, dated 18.12.1949; and

(6) In no case should a 'B' class practitioner proposed for absorption in Government Service.

4. The Surgeon-General is requested to deal with the cases referred to in para 1 above in the light of the decisions in para 3 above, in consultation with the Director of Public Health the local bodies concerned, and where necessary the Honorary Director of Indigenous Medicine, and submit proposals to Government in those cases in which their orders may be required.

5. The Surgeon-General and the Director of Public Health are requested to see that the principle indicated in para 3 above are followed in submitting proposals in the future, for opening primary centres.

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6. In the Madras Medical Service and in the Madras Medical Subordinate Service rules thereis no provision at present for the absorption in Government service of Rural Medical Practitinners, who are neither Government servants nor servants of local bodies. As such provision will hereafter be necessary, the Surgeon-General is requested to suggest suitable draft amendments to these rules in consultation with the Honorary Director of Indigenous Medicine.

(BY ORDER OF ETC.)

T.M.S.Mani,
Additional Secretary to Government.

To The Surgeon-General, Madras.
To the Director of Public Health.
To the Honorary Director of Indigenous Medicine.
To All Presidents, District Boards.
To the Accountant-General through the Finance Department.
To the Finance Department.

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/True copy/

A. Thiagarajan 21.2.06

Superintendent,
Madras Record Office,
Madras.

gh.11/10.